

<i>SERFF Tracking Number:</i>	<i>AFDL-126355038</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>43889</i>
<i>Company Tracking Number:</i>	<i>A1264</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>A1264</i>		
<i>Project Name/Number:</i>	<i>A1264 Group Insured Application/A1264</i>		

Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: A1264

SERFF Tr Num: AFDL-126355038 State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-Closed
State Tr Num: 43889

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: A1264

State Status: Approved-Closed

Long Term

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Linda Martin, Lisa Blach, Rhonda Morse, Tina Crooks, Raini Lewis

Disposition Date: 10/30/2009

Date Submitted: 10/26/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: A1264 Group Insured Application

Project Number: A1264

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/16/2009

Domicile Status Comments: Approved

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust

Filing Status Changed: 10/30/2009

Explanation for Other Group Market Type:

State Status Changed: 10/30/2009

Deemer Date:

Created By: Raini Lewis

Submitted By: Raini Lewis

Corresponding Filing Tracking Number:

Filing Description:

New Group Insured Application

RE: A1264

Group Insured Application

<i>SERFF Tracking Number:</i>	<i>AFDL-126355038</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>A1264</i>		
<i>Project Name/Number:</i>	<i>A1264 Group Insured Application/A1264</i>		

Enclosed for submission is the above-captioned form. A1264 is a group insured application that will be used with all group products previously approved in your state. This final printed form is new and does not replace any forms currently on file with the Department. Domiciliary state approval was granted on October 16, 2009.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules, and regulations of the state of Arkansas and such forms contain no provisions previously disapproved by the Department. The Flesch score is 43.

Thank you for your assistance in this matter. If you have any questions, please contact me at 1-800-654-8489, extension 8735, or e-mail me at Raini.Lewis@af-group.com.

Company and Contact

Filing Contact Information

Raini Lewis, Compliance Analyst I	raini.lewis@af-group.com
2000 Classen	405-416-8735 [Phone]
Oklahoma City, OK 73160	405-416-8832 [FAX]

Filing Company Information

American Fidelity Assurance Company	CoCode: 60410	State of Domicile: Oklahoma
2000 North Classen Blvd	Group Code:	Company Type: LAH
Oklahoma City, OK 73106	Group Name:	State ID Number:
(405) 523-2000 ext. [Phone]	FEIN Number: 73-0714500	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$25.00	10/26/2009	31543654

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<i>Product Name:</i>	<i>A1264</i>		
<i>Project Name/Number:</i>	<i>A1264 Group Insured Application/A1264</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/30/2009	10/30/2009

<i>SERFF Tracking Number:</i>	<i>AFDL-126355038</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Group Insured Application	Approved-Closed	Yes

SERFF Tracking Number:	AFDL-126355038	State:	Arkansas
Filing Company:	American Fidelity Assurance Company	State Tracking Number:	43889
Company Tracking Number:	A1264		
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.005 Combined Short Term and Long Term
Product Name:	A1264		
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Form Schedule

Lead Form Number: A1264

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/30/2009	A1264	Application/ Group Insured Enrollment Form	Application	Initial		43.000	A1264.pdf

**GROUP
APPLICATION****AMERICAN FIDELITY ASSURANCE COMPANY**
2000 N. Classen Blvd Oklahoma City, Oklahoma 73106

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**1. PROPOSED INSURED
INFORMATION:**

Last Name		First Name		Full Middle Name		Suffix	
Age	Date of Birth Mo Day Yr	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Soc Sec Number	Requested Eff Date Mo Day Yr	Date of Employment Mo Day Yr		
Residence Address: Number & Street (Not a P.O. Box)				Work Phone # ()	Home Phone # ()		
City		State		Zip	Country of Citizenship		
Mailing Address (if different than Residence)			City		State		Zip
Employer Name		Employer/MCP #		Salary: \$ Annual <input type="checkbox"/> Monthly <input type="checkbox"/>	Occupation		
Are you currently able to perform the duties of your occupation?						Yes <input type="checkbox"/>	No <input type="checkbox"/>

Applicant's E-mail Address:**2. BENEFITS APPLIED FOR:**

Product	New/Chg	Billing Distribution ID	Persons Covered ¹	Plan Code	Plan Amount	Employee	PREMIUM:		
							Employer	Mode	Total
[LTD]	<input type="checkbox"/>	<input type="checkbox"/>							
[STD]	<input type="checkbox"/>	<input type="checkbox"/>							
[Other]	<input type="checkbox"/>	<input type="checkbox"/>							
[Other]	<input type="checkbox"/>	<input type="checkbox"/>							
[Other]	<input type="checkbox"/>	<input type="checkbox"/>							
[Other]	<input type="checkbox"/>	<input type="checkbox"/>							
[Other]	<input type="checkbox"/>	<input type="checkbox"/>							
[Other]	<input type="checkbox"/>	<input type="checkbox"/>							
z=Individual; y=Individual & Spouse; x=Individual, Spouse & Child(ren); v=Individual & Children; s=Spouse							TOTAL		

3. BENEFICIARY:

First Name	Middle Name	Last Name	Relationship to Insured	Country of Citizenship
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4. ELECTION: I hereby enroll, add or change, as checked above, group insurance coverage(s) for which I am eligible. I authorize my employer to deduct my contributions, if any, from my pay.

5. ACKNOWLEDGMENT: I understand and agree that:

- The information in this application will be used to determine my eligibility for insurance; the statements and answers shown in this application (first page and, if applicable, the second page) are true and complete; the Company may rely upon such answers as the basis of my contract; and no coverage will take effect until the application is approved by the Company, the first premium is received, and a Certificate is issued.
- If applying for disability income coverage, **OTHER INCOME I AM ENTITLED TO RECEIVE WILL, IF APPLICABLE, REDUCE MY MONTHLY BENEFIT. I SHOULD READ MY CERTIFICATE FOR MORE DETAILED INFORMATION REGARDING HOW OTHER INCOME WILL REDUCE MY BENEFIT.**
- "Pre-Existing Conditions" may not be covered; and I should read my Certificate for a more detailed explanation of the Pre-Existing Condition exclusion, if any.

• BROCHURE(S) #**HAS/HAVE BEEN****EXPLAINED TO ME, AND I HAVE RECEIVED A COPY/COPIES; OR, I HAVE HAD ACCESS TO AND THE OPPORTUNITY TO PRINT THE BROCHURE(S).**

(Please initial):

6. FRAUD NOTICE: Any person, who knowingly and with intent to injure or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information may be guilty of insurance fraud. (In CT, insurance fraud is determined by a court of competent jurisdiction; in IN, KY, and OK, insurance fraud is a felony; in NV, insurance fraud is a Category D Felony). In AR, DC, LA, NJ, NM, PA, TN, and VA: Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (In DC, TN, and VA, also denial of insurance benefits; in NJ, NM, and PA, civil fines and criminal penalties.)

AGENT SIGNATURE (where required by law) _____ Date _____

Agent # _____ SIGNATURE (Applicant) _____

**GROUP
APPLICATION**

AMERICAN FIDELITY ASSURANCE COMPANY
2000 N. Classen Blvd Oklahoma City, Oklahoma 73106

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PROPOSED INSURED'S NAME: _____

HEALTH HISTORY:

- 7.** Within the **past 5 years**, have you received a diagnosis, taken medication and/or had treatment by a member of the medical profession for any of the following:

Cancer (other than basal or squamous cell skin cancer), heart and/or circulatory disorder, peripheral vascular disease (PVD), stroke or transient ischemic attack, liver or kidney disorder/disease (excluding stones), pulmonary disease, diabetes requiring insulin, rheumatoid arthritis, epilepsy, ulcerative colitis, Crohn's disease, organ transplant, systemic lupus erythematosus, disorder of blood cells or blood clotting disorder, seizures, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or Human Immunodeficiency Virus (HIV), Chronic Fatigue Syndrome (CFS), fibromyalgia, alcohol or drug addiction or abuse, or neurological disorder (excluding headaches or migraines).

Yes ☐ **No** ☐

- 8.** Within the **past 12 months**, have you:

Received advice from a medical provider, taken medication, incurred an expense, undergone tests, or received treatment (including, but not limited to, spinal manipulation, physical therapy, or counseling) for a condition related to: (a) your back, neck or spine; (b) a mental or nervous condition; or (c) had surgery recommended that has not yet been performed or received a referral for surgery consultation?

Yes ☐ **No** ☐

- 9.** Are you currently pregnant?

Yes ☐ **No** ☐

- 10.** I hereby certify that I have read the above statements and all of the medical conditions or they have been read to me. I also understand that additional investigation could occur at time of claim and any misrepresentation contained herein relied on by the Company may be used to reduce or deny a claim and/or void the coverage if such misrepresentation materially affects the acceptance of the risk.

(Please initial): _____

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/30/2009
Comments:			
Attachment:			
AR-CERT.pdf			

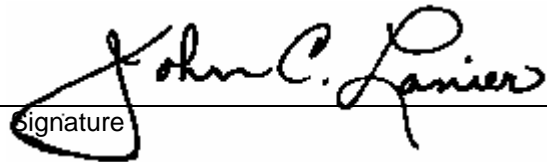
		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	10/30/2009
Bypass Reason:	N/A-this is a form filing which is attached under Form Schedule Tab		
Comments:			



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73125

**CERTIFICATE OF READABILITY
ARKANSAS**

This is to certify that the attached Group Insured Application, Form Number: A1264, have achieved a Flesch Reading Ease Score of 43 and comply with the requirements of Arkansas Stat. Ann. §§ 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.


Signature

John C. Lanier
Name

Vice President
Title

Oct 23, 2009
Date